Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL092156	B. WING		11/0	4/2015
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HEARTF	IELDS AT CARY	1050 CRE CARY, NC	SCENT GRE 27511	EN DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 000 Initial Comments		C 000				
		a Biennial Construction Survey Cates and Bob Getchell on				
Based on information gathered from our files, the Facility was first licensed on February 3, 1997 for Ninety-Seven (97) residents, including Sixteen (16) Special Care Residents. Based on this information, we are requiring the facility to meet the 1996 Rules for the Licensing of Domiciliary Homes and the 1996 North Carolina State Building Code, Section 419- Institutional Occupancy; and the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds.						
C 164 Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the buildings in good repair and clean. Findings include:		C 164				
	ceramic tiles w inoperative wat	oor Spa, there are broken ith sharp edges around the er controls. In the Chapel has water				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
HAI 092156		HAL092156	B. WING		11/04/2015	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 11/0	4/2013
			SCENT GRE			
HEARIF	IELDS AT CARY	CARY, NO	27511			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 164	patched but no d- The side-spl breakroom is re e- The Staff To stained floors a in need of repa f- The corner b scratched and in the SCU. Housekeeping-Main SECTION .0300 - F 10A NCAC 13F .03	n the Dining Room has been finish coat has been applied. ash at the sink in the Staff often, warped, and loose. illet on the Terrace Level has and walls that are stained and ir/ paint. ead and door frames are scarred in Resident Room 3	C 164			
	FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the building free of hazards by not storing oxygen containers securely to prevent them from falling over or rolling around. This could affect all persons in the facility as the oxygen containers could fall over, damaging the cylinder or nozzle. Findings include: a- There are unsupported oxygen bottles being stored Room 112.					
2- Based on observations, the facility has failed to maintain the width of the EXIT corridor by storing						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
HAI 0024E6		B. WING		11/04/2015			
HAL092156					1 11/0	4/2015	
NAME OF I	PROVIDER OR SUPPLIER		SCENT GRE	STATE, ZIP CODE FEN DRIVE			
HEARTF	IELDS AT CARY	CARY, NO					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 166	Continued From pa	ge 2	C 166				
	materials and furnit	rure.					
	Findings includ	e:					
	a- The EXIT corridor in the Terrace Level by the Kitchen has been narrowed to less than 4 feet due to several layers of boxes and some furniture being stored.						
C 189	Building Equipment Maintained Safe, Operating		C 189				
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.						
	This Rule is not met as evidenced by: 1- Based on observations, the facility failed to ensure that the building is safe by not maintaining the emergency EXITS. This deficiency directly affects all residents, personnel, and visitors by possibly preventing people from exiting the building quickly in an emergency.						
	Findings on inc	lude:					
	Service corrido building are equ delay but are no signage design	ors leading from the r to the exterior of the uipped with a 15-second ot labeled with the required ating it as delayed egress.					

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				B) DATE SURVEY COMPLETED	
HAI 002156		B. WING		11/6	11/04/2015	
NAME OF PROVIDER OR CURRUER		1	STATE ZID CODE	1170	J4/2013	
NAME OF PROVIDER OR SUPPLIER						
HEARTFIELDS AT CARY			EN DRIVE			
PREFIX (EACH DEFICIENCY M	IUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
stairwell beside the equipped with a 1 the signage that degress is so fade. 2- Based on observatensure that the building the fire resistance of the deficiency directly affer and visitors by allowing smoke beyond the composing the study of the wall. b- There is a transparent of the wall. b- There is a transparent of the wall. b- There is a transparent of the wall. c- There is an appearent of the corridation of the corridati	PROVIDER OR SUPPLIER FIELDS AT CARY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 stairwell beside the service corridor is equipped with a 15-second delay however the signage that designates it as delayed egress is so faded, it cannot be read 2- Based on observations, the facility has failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin. Findings include: a- The rated wall around the stair tower in the Boiler Room is damaged with holes exposing the studs and decreasing the rating of the wall. b- There is a transfer grille without a damper cut into the corridor door of the Janitor's Closet on the 3rd floor. c- There is an approximately 18 " x 24 " hole cut into the corridor/ elevator shaft wall above the ceiling across from Room 307. d- There is an approximately 18 " x 12 " hole cut into the corridor/ plumbing shaft wall above the ceiling outside Room 318. e- There are multiple cable penetrations above the ceiling on the 2nd Floor including at Room 225, Room 228, and the Wellness Office. f- There is a large hole above the ceiling in the 1st floor kitchen, above the entrance to the Dining Room. g- There are several 3- inch holes above the ceiling above the EXIT door to the		DEI TOLENO			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION (X3) DATE SU COMPLE		
HAL092156		B. WING		11/04/2015		
NAME OF PROVIDER OR SUPPLIER STREET ADDI			DRESS, CITY, S	STATE, ZIP CODE		
HEARTF	IELDS AT CARY	1050 CRE CARY, NO	SCENT GRE 27511	EEN DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	open by a wire preventing it from it. The door from Laundry area is closer. i- The Soiled Libroken and will. 2 - Based on observe to maintain an air gorevent bacteria from machine. Findings include a- The condens machine in the on top of the flow on top of the flow operating. Findings include a- In the 3rd Flow are under the tube wand at the tube wand at the tube wand at the safety condition. This could building in the even	em. the Resident Storage is held tied to the handle, or closing and latching. In the main corridor to the missing the latch plate and onen closet in the SCU is not close and latch. vations, the facility has failed ap at the ice machines to or migrating back into the e: esate pipe for the ice Main Kitchen is resting for drain. vations, the facility has failed to ing systems safe and e: for Spa, there is no er for the hand-held of the facility has failed to systems in operating diffect all occupants of the tof a power failure. e:	C 189			
	a- The bracket on the emergency light near the rooftop air conditioning units is broken					

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and the light is hanging by the wires.

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
	HAL092156		B. WING		11/04/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HEARTF	IELDS AT CARY	1050 CRE CARY, NC	SCENT GRE 27511	EEN DRIVE		
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C 189	Continued From pa	ge 5	C 189			
	maintain the buildin operating. This defi	vations, the facility has failed to ag electrical system safe and ciency may affect those access to the electrical panel				
	Findings includ	e:				
	a- The electrica Storage Room items.	al panel in the 2nd Floor is blocked by miscellaneous				

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